

SERFF Tracking Number:	UTCX-125498532	State:	Arkansas
Filing Company:	Utica Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	FI AR0950101F01		
TOI:	23.0 Fidelity	Sub-TOI:	23.0000 Fidelity
Product Name:	Fidelity		
Project Name/Number:	Fidelity/FI AR0950101F01		

## Filing at a Glance

Company: Utica Mutual Insurance Company

Product Name: Fidelity

TOI: 23.0 Fidelity

Sub-TOI: 23.0000 Fidelity

Filing Type: Form

Effective Date Requested (New): 03/20/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: UTCX-125498532 State: Arkansas

SERFF Status: Closed

Co Tr Num: FI AR0950101F01

Co Status:

Author: SPI UticaNational

Date Submitted: 02/20/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 02/29/2008

Disposition Status: Approved

Effective Date (New): 03/20/2008

Effective Date (Renewal):

## General Information

Project Name: Fidelity

Project Number: FI AR0950101F01

Reference Organization:

Reference Title:

Filing Status Changed: 02/29/2008

State Status Changed: 02/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Utica Mutual Insurance Company would like to implement several new fidelity applications:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

8-B-224 Ed. 12-2007 - is a supplemental application to obtain additional fidelity information.

8-B-225 Ed. 12-2007 - is a supplemental application for additional fidelity information on fire departments

8-B-226 Ed. 12-2007 - is a fidelity application used for mercantile type risks.

8-B-227 Ed. 12-2007 - is a fidelity application used for governmental risks.

<i>SERFF Tracking Number:</i>	<i>UTCX-125498532</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Utica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FIAR0950101F01</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>Fidelity</i>		
<i>Project Name/Number:</i>	<i>Fidelity/FIAR0950101F01</i>		

These applications do attach to the policy.

## Company and Contact

### Filing Contact Information

Melissa Porten, State Filings Systems Analyst	melissa.porten@uticanational.com
180 Genesee Street	(315) 734-2569 [Phone]
New Hartford, NY 13413	(315) 734-2252[FAX]

### Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National	State ID Number:
	Insurance Group	
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	02/20/2008	18063474

<i>SERFF Tracking Number:</i>	<i>UTCX-125498532</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Fidelity/FIAR0950101F01</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	02/29/2008	02/29/2008

*SERFF Tracking Number:* UTCX-125498532

*State:* Arkansas

*Filing Company:* Utica Mutual Insurance Company

*State Tracking Number:* EFT \$50

*Company Tracking Number:* FIAR0950101F01

*TOI:* 23.0 Fidelity

*Sub-TOI:* 23.0000 Fidelity

*Product Name:* Fidelity

*Project Name/Number:* Fidelity/FIAR0950101F01

## Disposition

Disposition Date: 02/29/2008

Effective Date (New): 03/20/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UTCX-125498532</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Utica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FIAR0950101F01</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>Fidelity</i>		
<i>Project Name/Number:</i>	<i>Fidelity/FIAR0950101F01</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Supplemental Fidelity Application	Approved	Yes
<b>Form</b>	Supplemental Fire Department Application	Approved	Yes
<b>Form</b>	Commercial Crime Policy Application for Mercantile Entities	Approved	Yes
<b>Form</b>	Commercial Crime Policy Application for Governmental Entities	Approved	Yes

SERFF Tracking Number: UTCX-125498532 State: Arkansas  
Filing Company: Utica Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: FIAR0950101F01  
TOI: 23.0 Fidelity Sub-TOI: 23.0000 Fidelity  
Product Name: Fidelity  
Project Name/Number: Fidelity/FIAR0950101F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplemental Fidelity Application	8-B-224	Ed. 12-2007	Application/ New Binder/Enrollment		0.00	8-B-224.PDF
Approved	Supplemental Fire Department Application	8-B-225	Ed. 12-2007	Application/ New Binder/Enrollment		0.00	8-B-225.PDF
Approved	Commercial Crime Policy Application for Mercantile Entities	8-B-226	Ed. 12-2007	Application/ New Binder/Enrollment		0.00	8-B-226.PDF
Approved	Commercial Crime Policy Application for Governmental Entities	8-B-227	Ed. 12-2007	Application/ New Binder/Enrollment		0.00	8-B-227.PDF



## UTICA MUTUAL INSURANCE COMPANY SUPPLEMENTAL FIDELITY APPLICATION

This application is deemed to be made a part of and is a supplement to any and all fidelity applications completed.

Named Insured: \_\_\_\_\_

Description of your business: \_\_\_\_\_

Has any insurance of this sort been declined, non-renewed, cancelled or rescinded in the past? Yes ☐ No ☐

Do you have any knowledge of any circumstances that could lead to a dishonesty loss? Yes ☐ No ☐

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

### INTERNAL CONTROLS

1. Do employees who reconcile bank statements also
  - A. Sign Checks Yes ☐ No ☐
  - B. Handle bank deposits Yes ☐ No ☐
  - C. Have access to checkwriters or signature plates Yes ☐ No ☐
  - D. Are checks or copies of checks returned to you with the Bank Statement? Yes ☐ No ☐
  - E. If yes to any of these questions, are the bank reconciliations signed off by someone **other than** those employees who have access to A, B, and/or C? Yes ☐ No ☐
2. A. Are at least two signatures required on checks? Yes ☐ No ☐  
If yes, over what amount? \_\_\_\_\_  
B. If no, is a voucher system being used? If yes, please describe: \_\_\_\_\_  
C. Are blank checks ever presigned? Yes ☐ No ☐
3. Is an outside CPA involved in preparing financial statements? Yes ☐ No ☐  
How often? Annual \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_  
Name and address of auditing firm: \_\_\_\_\_
4. Do you secure a certificate of insurance for Accountants Errors and Omissions from your accountant for an amount at least equal to the limit for dishonesty you are looking for? Yes ☐ No ☐
5. Does the auditor visit all sites? Yes ☐ No ☐
6. Does the accountant review the system of internal controls and furnish written reports? Yes ☐ No ☐
7. Has the auditing firm made any recommendations that you have not adopted? Yes ☐ No ☐  
If yes, explain \_\_\_\_\_
8. Is the audit report given directly to the Proprietor, Partner or Board? Yes ☐ No ☐
9. Does the applicant maintain an internal audit department? Yes ☐ No ☐
10. Does someone outside the accounts payable department confirm all invoices? Yes ☐ No ☐
11. Are the invoices stamped PAID at the time checks are issued to prevent someone from paying the same invoice twice? Yes ☐ No ☐

### SUPPLEMENTAL FIDELITY APPLICATION (continued)

12. Does your firm trade on its own account or anyone else's? Yes ☐ No ☐
13. Will securities be subject to joint control by two or more employees? Not Applicable ☐ Yes ☐ No ☐
14. Is a complete inventory made with a physical check of stock and equipment? Yes ☐ No ☐
15. How frequently is an inventory done? \_\_\_\_\_
16. Are checks stamped "For Deposit Only?" Yes ☐ No ☐
17. Maximum amount of cash on hand at any one time? \_\_\_\_\_
18. Do you handle any warehouse receipts? Yes ☐ No ☐
19. Are vendors prescreened and approved before using? Yes ☐ No ☐
20. Are employees prescreened for drug use? Yes ☐ No ☐
21. Are employee background checks done? Yes ☐ No ☐

### COMPUTER CONTROLS

1. Are users or programmers allowed to operate computers with their own programs? Yes ☐ No ☐
2. Is computer check writing separate from check authorizing? Yes ☐ No ☐
3. Are programmers rotated periodically? Yes ☐ No ☐

### LOSS EXPERIENCE

Date	Amount of Loss	Description of Loss and Corrective Action

### REPRESENTATION

The undersigned declare that to the best of their knowledge the statements set forth herein are true and correct. It is agreed that this application and material submitted therewith are the undersigned representations and that they are material. It is agreed that the application and material submitted shall be the basis of the contract should a policy be issued and that this application and any attachments thereto will be deemed attached to and made part of the policy. All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into the application and made a part thereof.

### IMPORTANT FRAUD INFORMATION

See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.

By \_\_\_\_\_ Date \_\_\_\_\_  
Chief Executive Officer or Highest Ranking Official

By \_\_\_\_\_ Date \_\_\_\_\_  
Chief Financial Officer or equivalent

**IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE.)**



# Utica National Insurance Group

## SUPPLEMENTAL FIRE DEPARTMENT APPLICATION

Utica is the #1 Provider for Fidelity Coverage on Volunteer Fire Departments

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

### COVERAGE FORMS

	Limit of Insurance	Deductible
Coverage Form A – Employee Dishonesty Blanket.....\$	_____ / \$	_____
Coverage Form B – Forgery & Alterations.....\$	_____ / \$	_____

Coverage effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_  
 Three years prepaid ☐ or Three year annual installments ☐

### Specified Excess Blanket Employee Dishonesty Coverage on Individual Positions

Number of Employees	Position(s)	Limit of Insurance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### RATING INFORMATION

Who was the prior Carrier for this Fidelity Coverage? \_\_\_\_\_  
 Do you have any other Fidelity Coverage with Utica National or another carrier? Yes ☐ No ☐  
 If yes, our coverage will be Excess over their coverage. Who is it written with? \_\_\_\_\_  
 and at what is the limit of insurance and deductible for their Fidelity Coverage? \_\_\_\_\_

Have there been any prior losses? Yes ☐ No ☐  
 If yes, explain. \_\_\_\_\_

### CENSUS

( List below the number of members in the following classifications)

Board of Directors \_\_\_\_\_ Line Officers \_\_\_\_\_ Administrative Officers \_\_\_\_\_  
 Total No. of Members for this organization including the above officers? \_\_\_\_\_  
 How many are Active Volunteer Fire Fighters? \_\_\_\_\_  
 Are Volunteers to be covered under this policy? Yes ☐ No ☐  
 All Other Volunteers not included above. \_\_\_\_\_  
 Paid Members (if any)? Yes ☐ or No ☐...Position held \_\_\_\_\_  
 Who handles the money operations? \_\_\_\_\_

### FUND RAISING ACTIVITIES

Carnivals/Fairs/Field Days .....# of Days or Times per year \_\_\_\_\_ # of Volunteer participants \_\_\_\_\_  
 Dinners .....#of Days or Times per year \_\_\_\_\_ # of Volunteer participants \_\_\_\_\_  
 Ham/Turkey Raffles .....#of Days or Times per year \_\_\_\_\_ # of Volunteer participants \_\_\_\_\_  
 Bingo . .....#of Days or Times per year \_\_\_\_\_ # of Volunteer participants \_\_\_\_\_  
 Other Events (Describe) \_\_\_\_\_

## INTERNAL CONTROLS

1. Do members who reconcile bank statements also  
A. Sign Checks Yes ☐ No ☐  
B. Handle bank deposits Yes ☐ No ☐  
C. Have access to checkwriters or signature plates Yes ☐ No ☐  
D. Are checks or copies of checks returned to you with the Bank Statement? Yes ☐ No ☐  
E. If yes to any of these questions, are the bank reconciliations signed off by someone **other than** those employees who have access to A, B, and/or C? Yes ☐ No ☐
2. A. Are at least two signatures required on checks? Yes ☐ No ☐  
If yes, over what amount? \_\_\_\_\_  
B. If no, is a voucher system being used? If yes, please describe: Yes ☐ No ☐  
\_\_\_\_\_  
C. Are blank checks ever presigned? Yes ☐ No ☐
3. Is an outside CPA involved in preparing financial statements? Yes ☐ No ☐  
How often? Annual \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_  
Name and address of auditing firm: \_\_\_\_\_
4. Does the accountant review the system of internal controls and furnish written reports? Yes ☐ No ☐
5. Has the accountant made any recommendations that you have not adopted? Yes ☐ No ☐  
If yes, explain. \_\_\_\_\_
6. Is the audit report given directly to the Board? Yes ☐ No ☐
7. If question #3 is NO, then who audits the finances? \_\_\_\_\_  
How often is this done? \_\_\_\_\_ and who receives the audit report? \_\_\_\_\_
8. Are the invoices stamped PAID at the time checks are issued to prevent someone  
From paying the same invoice twice? Yes ☐ No ☐
9. Are checks stamped "For Deposit Only?" Yes ☐ No ☐
10. Maximum amount of cash on hand at any one time? \_\_\_\_\_

## REPRESENTATION

The undersigned declare that to the best of their knowledge the statements set forth herein are true and correct. It is agreed that this application and material submitted therewith are the undersigned representations and that they are material. It is agreed that the application and material submitted shall be the basis of the contract should a policy be issued and that this application and any attachments thereto will be deemed attached to and made part of the policy. All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into the application and made a part thereof.

## IMPORTANT FRAUD INFORMATION

**See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.**

By \_\_\_\_\_ Date \_\_\_\_\_  
Chief Executive Officer or Highest Ranking Official

By \_\_\_\_\_ Date \_\_\_\_\_  
Chief Financial Officer or equivalent

**IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE).**

**COMMERCIAL CRIME POLICY APPLICATION FOR MERCANTILE ENTITIES**

Applicant \_\_\_\_\_  
(List all insureds, including Employee Benefit Plans. Attach a list if necessary)

Principal Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code)

Effective as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_ Coverage Form - Discovery ☐ or Loss Sustained ☐

Premium Payable (check appropriate box): Three year Prepaid ☐ Annual ☐ Equal Annual Installments for three years ☐

**Coverage Forms**

**Limit of Insurance**

Coverage Form A - Employee Dishonesty - Blanket (Employee Theft)

\$ \_\_\_\_\_

Coverage Form B - Forgery or Alteration

\$ \_\_\_\_\_

Coverage Form C - Theft, Disappearance & Destruction (inside the Premises Money & Securities)

\$ \_\_\_\_\_

Coverage Form C - Theft, Disappearance & Destruction (Outside the Premises Money & Securities)

\$ \_\_\_\_\_

Coverage Form F - Computer Fraud

\$ \_\_\_\_\_

**1. DESCRIPTION OF YOUR ORGANIZATION:**

(a) Are you a Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit Organization ☐

Date business established \_\_\_\_\_

(b) Describe the products or services of your predominant business or activity \_\_\_\_\_

(c) Classify your predominant business activity: Manufacturer ☐ Processor ☐ Wholesaler ☐ Distributor ☐

Retailer ☐ Servicer ☐ Other ☐ \_\_\_\_\_

(d) Has there been any change in ownership or management within the past three years? Yes ☐ No ☐

If "Yes", explain \_\_\_\_\_

**2. AUDIT PROCEDURES:**

(a) Is there an audit by a CPA, public accountant or equivalent, independent of your organization? Yes ☐ No ☐

If "Yes", how often: Quarterly ☐ Semi-Annually ☐ Annually ☐ Other ☐ Date of completion of last audit \_\_\_\_\_

(b) Name and address of person or firm performing audit \_\_\_\_\_

(c) Are all locations audited? Yes ☐ No ☐

(d) Does the accountant review the system of internal controls and furnish written reports? Yes ☐ No ☐

Who is the report given to? \_\_\_\_\_

(e) Has the auditing firm made recommendations that you have not adopted? Yes ☐ No ☐

If "Yes", explain \_\_\_\_\_

(f) Are invoices stamped PAID at the time checks are issued to prevent someone from paying the same invoice twice? Yes ☐ No ☐

(g) Does someone outside the accounts payable department confirm all invoices? Yes ☐ No ☐

(h) Is there an internal audit department? Yes ☐ No ☐

**3. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):**

(a) Does the employee who reconciles the bank statements also

1. Sign checks? Yes ☐ No ☐

2. Handle bank deposits? Yes ☐ No ☐

3. Have access to a check-signing machine or signature plates? Yes ☐ No ☐

4. If yes to any of these questions, are the bank reconciliations signed off by someone

**other than** those employees who have access to 1,2 and/or 3? Yes ☐ No ☐

(b) Are two signatures required on checks? Yes ☐ No ☐ If Yes, over what dollar amount? \_\_\_\_\_

If "No", who signs checks? \_\_\_\_\_ Do you use a voucher system? Yes ☐ No ☐

Please describe voucher system \_\_\_\_\_

(c) Are securities subject to joint control of two or more employees? N/A ☐ Yes ☐ No ☐

If "No", explain \_\_\_\_\_

4. PRIOR INSURANCE:

(a) Has any similar insurance been declined or cancelled during the past three years?

Yes ☐

No ☐

If "Yes", explain \_\_\_\_\_

(b) Prior insurance to be superseded

Check if none ☐

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company
			\$	

(c) List all fidelity, forgery or crime losses sustained during the past three years, whether reimbursed or not.

Check if none ☐

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending
		\$	\$	\$	\$

5. RATING DATA FOR COVERAGE FORMS A - BLANKET AND B: List below the number of employees in the following classifications:

No.		No.		No.	
	Accountants and Asst.		Delivery Persons		Security Personnel
	Adjusters		Demonstrators		Service Station Attendants
	Administrators and Asst.		Detectives		Shipping Clerks
	Appraisers and Clerks		Dieticians who order food		Stewards who order food
	Attorneys		Drivers and Helpers		Stock Clerks
	Auditors and Assistants		Food Inspectors		Storekeepers
	Bookkeepers		Head Pharmacists		Storeroom Personnel
	Bursars and Assistants		Instructors		Supervisors
	Bus Drivers		Janitors		Superintendents and Asst.
	Buyers and Asst.		Ledger Keepers		Taxi Drivers
	Cashiers and Asst.		Locker Room Attendants		Teachers/Professors having Custody of money/securities
	Chairpersons		Maitre d's and Asst.		
	Chauffeurs		Managers and Asst.		Timekeepers and Asst.
	Chefs who order food		Medical Directors		Truck Drivers
	Collectors		Messengers, outside		Warehouse Personnel
	Computer Programmers		Payroll Distributors		Wine Cellar Personnel
	Comptrollers and Asst.		Purchasing Agents		Wine Stewards/esses
	Credit Clerks and Managers		Receiving Clerks		All other employees not listed above who handle, have custody or maintain records of money, securities or other property.
	Custodians		Salespeople		

(a) (1) Number of Officers \_\_\_\_\_

(2) **Number of all other employees** not listed above \_\_\_\_\_

(b) Number of additional locations other than the head office \_\_\_\_\_ (For manufacturers, processors, wholesalers or distributors show only additional retail locations.)

(c) Deductibles:

Deductible Amount

Deductible Amount

(1) Coverage Form A - Blanket: \$ \_\_\_\_\_

Coverage Form C \$ \_\_\_\_\_

(2) Coverage Form B \$ \_\_\_\_\_

Coverage Form F \$ \_\_\_\_\_

6. COVERAGE AMENDMENTS (ENDORSEMENTS) - COVERAGE FORM A - BLANKET:

(a) Is insurance desired on any of your appointed or elected agents?

Yes ☐

No ☐

Capacity of Agent \_\_\_\_\_

Limit of Insurance \$ \_\_\_\_\_

(b) If insurance is desired on any of your partners, list names: \_\_\_\_\_

(c) If insurance is desired on workers leased to you under a written agreement with a labor leasing firm, complete the following:

Name of Labor Leasing Firm \_\_\_\_\_ No. of Leased Workers \_\_\_\_\_

(d) If blanket excess limits of insurance are desired on any of your Joint Insureds, complete the following:

Joint Insured \_\_\_\_\_ No. of Employees \_\_\_\_\_ Excess Limit of Insurance \$ \_\_\_\_\_

- (e) If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Item No.	Name Schedule Coverage	Position Schedule Coverage			
	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Position(s) (City and State)	No. of Employees Each Position	Excess Limit of Insurance Each Employee
					\$
					\$
					\$
					\$

7. COVERAGE AMENDMENT (ENDORSEMENT) - COVERAGE FORM B:

(a) Credit, Debit or Charge Card Instruments: Number of Cardholders \_\_\_\_\_ Limit of Insurance \$ \_\_\_\_\_

(b) Warehouse Receipts: Covered instruments include ☐ or are limited to ☐ warehouse receipts and withdrawal orders \$ \_\_\_\_\_

(c) Personal Accounts of your officers or partners:

Name(s)

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

8. Scheduled Money - Securities (Coverage Form C) Enter the exposures for each category:

Location Address	Cash & Securities	Checks	Payroll Checks	Credit Card Receipts	Money Overnight	Other	Type of Sale	Number of Messengers	Number of Guards
#1	\$	\$	\$	\$	\$	\$			
#2	\$	\$	\$	\$	\$	\$			
#3	\$	\$	\$	\$	\$	\$			

9. The present officers, employees, agents and partners of the Insured have, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ By \_\_\_\_\_  
Highest Rating Official (Insured) (Name and Title)

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## COMMERCIAL CRIME POLICY APPLICATION FOR GOVERNMENTAL ENTITIES

Applicant \_\_\_\_\_  
(List all named insureds. Attach a list if necessary.)

Principal Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code)

Effective as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_ Coverage Form - Discovery ☐ or Loss Sustained ☐

Premium Payable (check appropriate box): Three year Prepaid ☐ Annual ☐ Equal Annual Installments for three years ☐

### Limit of Insurance

Coverage Form O - Blanket Public Employee Dishonesty - Per Loss (Employee Theft Governmental Crime) \$ \_\_\_\_\_  
Coverage Form P - Blanket Public Employee Dishonesty - Per Employee (Employee Theft Governmental Crime) \$ \_\_\_\_\_  
Coverage Form B - Forgery or Alteration \$ \_\_\_\_\_  
Coverage Form C - Theft, Disappearance & Destruction (inside the Premises Money & Securities) \$ \_\_\_\_\_  
Coverage Form C - Theft, Disappearance & Destruction (Outside the Premises Money & Securities) \$ \_\_\_\_\_  
Coverage Form F - Computer Fraud \$ \_\_\_\_\_

### 1. DESCRIPTION OF YOUR ORGANIZATION:

- (a) ☐ State ☐ County ☐ City ☐ Town ☐ Township ☐ Village ☐ Borough ☐ Other Political Subdivision \_\_\_\_\_  
(b) Is insurance being provided for a School System? Yes ☐ No ☐

### 2. AUDIT PROCEDURES:

- (a) Is there an audit by a CPA, public accountant or equivalent, independent of your organization? Yes ☐ No ☐  
If "Yes", how often: Quarterly ☐ Semi-Annually ☐ Annually ☐ Other ☐ Date of completion of last audit \_\_\_\_\_  
(b) Name and address of person or firm performing audit \_\_\_\_\_  
(c) Are all locations audited? Yes ☐ No ☐  
(d) Does the accountant review the system of internal controls and furnish written reports? Yes ☐ No ☐  
Who is the report given to? \_\_\_\_\_  
(e) Has the auditing firm made recommendations that you have not adopted? Yes ☐ No ☐  
If "Yes", explain \_\_\_\_\_  
(f) Are invoices stamped PAID at the time checks are issued to prevent someone from paying the same invoice twice? Yes ☐ No ☐  
(g) Does someone outside the accounts payable department confirm all invoices? Yes ☐ No ☐  
(h) Is there an internal audit department? Yes ☐ No ☐

### 3. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Does the employee who reconciles the bank statements also  
1. Sign checks? Yes ☐ No ☐  
2. Handle bank deposits? Yes ☐ No ☐  
3. Have access to a check-signing machine or signature plates? Yes ☐ No ☐  
4. If yes to any of these questions, are the bank reconciliations signed off by someone other than those employees who have access to 1,2 and/or 3? Yes ☐ No ☐  
(b) Are two signatures required on checks? Yes ☐ No ☐ If Yes, over what dollar amount? \_\_\_\_\_  
If "No", who signs checks? \_\_\_\_\_ Do you use a voucher system? Yes ☐ No ☐  
Please describe voucher system \_\_\_\_\_  
(c) Are securities subject to joint control of two or more employees? N/A ☐ Yes ☐ No ☐  
If "No", explain \_\_\_\_\_  
(d) Do you have designated Depository? Yes ☐ No ☐

4. PRIOR INSURANCE:

(a) Has any similar insurance been declined or cancelled during the past three years? Yes ☐ No ☐

If "Yes", explain \_\_\_\_\_

(b) Prior insurance to be superseded Check if none ☐

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company
			\$	

(c) List all fidelity, forgery or crime losses sustained during the past three years, whether reimbursed or not. Check if none ☐

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending
		\$	\$	\$	\$

5. RATING DATA FOR COVERAGE FORMS O, P and B:

(a) Classification of Employees:

(1) List below the positions and number of officials/officers and employees occupying those positions to which this insurance applies:

(or attach separate sheet for additional space)

No. of Occupants	Positions	No. of Occupants	Positions	No. of Occupants	Positions

**Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title know, are excluded from coverage under Coverage Forms O and P.**

(2) From the list on page above (or attached separate sheet) determine the:

- Number of officials/officers**, not required by law to be individually bonded, who are authorized to manage, govern or control the insured's employees \_\_\_\_\_
- Number of employees** who handle, have custody or maintain records of money, securities or other property; department and division heads; assistant department and assistant division heads; and peace officers (including patrolmen/women when Faithful Performance of Duty Coverage is being written \_\_\_\_\_
- Number of Police Officers** (including patrolmen/women) \_\_\_\_\_ Proof of Police Officers Legal Liability must be provided)
- Number of all other employees** \_\_\_\_\_

(b) Deductibles

**Deductible Amounts**

- Coverage Forms O and P
- Coverage Form B
- Coverage Form C
- Coverage Form F

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

6. COVERAGE AMENDMENTS (ENDORSEMENTS) - COVERAGE FORMS O and P:

(a) Is Faithful Performance of Duty Coverage required? Yes ☐ No ☐

(b) If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Item No.	Name Schedule Coverage	Position Schedule Coverage			
	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Position(s) (City and State)	No. of Employees Each Position	Excess Limit of Insurance Each Employee
					\$
					\$
					\$
					\$

7. COVERAGE AMENDMENT (ENDORSEMENT) - COVERAGE FORM B:

(a) Credit, Debit or Charge Card Instruments: Number of Cardholders \_\_\_\_\_ Limit of Insurance \$ \_\_\_\_\_

8. Scheduled Money - Securities (Coverage Form C) Enter the exposures for each category:

Location Address	Cash & Securities	Checks	Payroll Checks	Credit Card Receipts	Money Overnight	Other	Type of Sale	Number of Messengers	Number of Guards
#1	\$	\$	\$	\$	\$	\$			
#2	\$	\$	\$	\$	\$	\$			
#3	\$	\$	\$	\$	\$	\$			

9. **The present officials/officers and employees of the Insured, in the positions held, as shown herein, have, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officials/officers or employees are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.**

### IMPORTANT FRAUD INFORMATION

See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Highest Rating Official (Insured) By \_\_\_\_\_ (Name and Title)

**IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE).**

<i>SERFF Tracking Number:</i>	<i>UTCX-125498532</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Utica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FIAR0950101F01</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>Fidelity</i>		
<i>Project Name/Number:</i>	<i>Fidelity/FIAR0950101F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UTCX-125498532</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Utica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FIAR0950101F01</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>Fidelity</i>		
<i>Project Name/Number:</i>	<i>Fidelity/FIAR0950101F01</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	02/29/2008
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### Comments:

### Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Utica National Insurance Group				<b>Group NAIC #</b>	0201
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Utica Mutual Insurance Company	NY	25976	15-0476880			

<b>5. Company Tracking Number</b>	FI AR0950101F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Melissa M. Porten 180 Genesee Street New Hartford NY 13413	State Filings Systems Analyst	800-274-1914 Ext. 2569	315-734-2252	melissa.porten@uticanational.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Melissa M. Porten			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	23.0 Fidelity		
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	23.0000 Fidelity		
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A		
<b>12. Company Program Title (Marketing Title)</b>	Fidelity Applications		
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
<b>14. Effective Date(s) Requested</b>	New: 03/20/2008	Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>16. Reference Organization (if applicable)</b>	N/A		
<b>17. Reference Organization # &amp; Title</b>	N/A		
<b>18. Company's Date of Filing</b>	February 20, 2008		
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	FI AR0950101F01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Utica Mutual Insurance Company would like to implement several new fidelity applications:

- 8-B-224 Ed. 12-2007 - is a supplemental application to obtain additional fidelity information.
- 8-B-225 Ed. 12-2007 - is a supplemental application for additional fidelity information on fire departments
- 8-B-226 Ed. 12-2007 - is a fidelity application used for mercantile type risks.
- 8-B-227 Ed. 12-2007 - is a fidelity application used for governmental risks.

These applications do attach to the policy.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>  <b>Amount:</b> </div> <div style="text-align: center; margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)